

**PATENT APPLICATION**Attorney Docket No. 213839-00022Date: November 18, 2002**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Gregory P. Winter, et al.

Application No.: 09/726,650

Filed: November 28, 2000

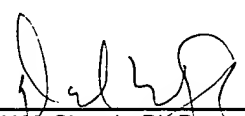
For: Method for Tapping the
Immunological Repertoire

Group Art Unit: 1635

Examiner: James S. Ketter

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to Attention: Assistant Commissioner for Patents, Washington, D.C. 20231, on this date.

11/18/02
Date
David W. Clough, Ph.D.
Registration No. 36,107
Attorney for Applicant(s)**RECEIVED**

DEC 02 2002

TECH CENTER 1600/2900

TRANSMITTAL OF AMENDMENT

Box Non-Fee Amendment
ATTENTION: Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment/reply in the above-identified application.

1. ☐ A paper requesting correction/substitution of drawings is attached.
2. ☒ Petition for Extension of Time Within the second month, with fee of \$400.
3. ☒ Change of Address Communication and Transmittal of Revocation and Appointment Of Power of Attorney;
4. **Fee for Claims**
☒ No additional fee is required.

The fee for additional claims in accordance with 37 C.F.R. §1.16(b)-(d) has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendm nt	Highest No. Previously Paid for		Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total	20	Minus	20	-	x 9	-	x 18	-
Indep.	3	Minus	3	-	X 84		x 42	-
Fee for Multiple Dependent Claims					+140		+280	280.00
TOTAL ADDITIONAL FEES						-	OR	280.00

5. **Method of Payment of Fees**

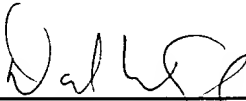
(X) Enclosed is our firm check in the amount of: \$ 280.00

() Charge \$ _____ to Deposit Account No. 50-1214.

6. (X) The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1214. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1214. This sheet is filed in duplicate.

Respectfully Submitted,

November 18, 2002
(Date)

By: 
David W. Clough, Ph.D.
Registration No. 36,107

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